

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

February 6, 2018

Mr. Adam Lawrence, Manager The Residence At Quarry Hill 465 Quarry Hill Road South Burlington, VT 05403

Dear Mr. Lawrence:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 3, 2018.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN Licensing Chief

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION	(X3) DATE COMP	SURVEY
		1012	B.WING		01/0	03/2018
	(EACH DEFICIENCY	465 QUAI	RRY HILL RO	STATE, ZIP CODE DAD N. VT 05403 PROVIDER'S PLAN OF CA (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE EAPPROPRIATE	(XS) COMPLET DATE
R123 SS=C	completed on 1/3/1 Licensing and Prote compliance with Ver Residence Licensing regulatory violations V. RESIDENT CAR Set	n-site re-licensing survey was 8 by the Vermont Division of action to determine rmont Assisted Living g Regulations. The following is were identified. E AND HOME SERVICES The resident is discharged, the read a refund, within 15 days of ands paid in advance for each rovided. In the case of a sital or other temporary citive date for this provision is home is notified the resident. For the purposes of day of discharge" shall be the resident's room is empty longings, if those belongings cult for the home to store is clothing and other personal with and other personal with a resident admission is was in accordance with sted Living Regulations for 3 dents sampled. (Residents #	R100	R100 Initial commersubmission of this plan doe constitute any admission of doing. Rather, this plan of submitted in the spirit and it cooperation to demonstrate Residence at Quarry Hill's continued quality. R123 Action to correct Decurrent residents will be praddendum to their current agreement to reflect all refigiven within 15 days of disconstitutions. Steps to prevent recurrer Quarry Hill residency agreements listed in 5.4. a residents moving into the correceive the revised residents.	es not f any wrong correction is in the letter of e The commitment to eficiency: ovided with an residency unds to be charge. nce – The ement will be flect i. Any new ommunity shall	3-1-1 ED
	DIRECTOR'S OR PROVIDE	ERISUPPLIER REPRESENTATIVE'S SIGN	ATURE	J. A Hitte	1. 1	(X6) DATE
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Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED BUILDING: -B WING 1012 01/Q3/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 465 QUARRY HILL RDAD THE RESIDENCE AT QUARRY HILL SOUTH BURLINGTON, VT 05403 SUMMARY STATEMENT OF DEFICIENCIES PROVICER'S PLAN OF CORRECTION (XS) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE OEFICIENCY) R123 Continued From page 1 R123 related to resident refunds was not in agreement 3-1-18 by with the stated Vermont regulations for time Executive requirements for refunds after discharge. The facility's admission agreement stated that refunds Director. will be made within 30 days of discharge; the required regulatory time period for refunds is within 15 days of discharge. Per review of a sample of 3 signed and dated admission agreements, all of the agreements included the incorrect time period for return of unused funds after discharge from the facility. The error regarding the required time period for refunds after discharge was confirmed during interview with the Executive Director on the afternoon of 1/3/18. R128 V. RESIDENT CARE AND HOME SERVICES R128 R128: Action to correct deficiency: Signed Physician orders for all 3-15-18 by RCD medications for residents #1 and 5 will 5.5 General Care be obtained. Steps to prevent recurrence: All 5.5. c. Each resident's medication, treatment, nurses will be provided with reand dietary services shall be consistent with the education on policies, procedures and physician's orders. requirements listed in 5.5.c pertaining to obtaining physician orders. The RCD or designated nurse will be responsible for This REQUIREMENT is not met as evidenced ensuring all physician orders are signed appropriately for new and current residents. The RCD or designated nurse Based on staff interview and record review, the facility failed to assure that each resident's will monitor this with each new resident admission. medication, treatments and dietary services were consistent with physician orders for 2 of 6 residents in the sample. (Residents #1 and #5). Findings include: 1. Per review of the medical record for Resident #5, there was no provider order, including a dated signature on the initial visit summary to establish care dated 11/8/17, which included a list of the

Division of Licelismg and Protection

NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT QUARRY HILL SUMMANT STATEMENT OF DEFICIENCES THE RESIDENCE AT QUARRY HILL SUMMANT STATEMENT OF DEFICIENCES FREERY TAG SUMMANT STATEMENT OF DEFICIENCES RECOLLATORY OR LSC DEMTHYNO INFORMATION) REQULATORY OR LSC DEMTHYNO INFORMATION) R128 Continued From page 2 resident's current medications, (Resident #5 was admitted to the facility on 10/31/17). During interview with the RN on 1/2/17 at 2 PM, the nurse indicated that this visit summary was considered to be the initial order set of the provider signature and date signed. As of the date of survey, (1/2/18), there were signed, dated orders for only 2 of 11 current medications, (telephone orders of 11/2/17 and 11/3/17). 2. Per record review, Resident #1 was admitted in November 2017, and is administered medications by staff, including two types of insulin. There were M0 signed orders for the insulin regime as provided by the primary care physician for this resident were not signed as part of the admission orders. The physician signed the first page of the resident's medical information, however the medication ist was not signed and dated. The signed page stated to "see attached" to the signed drage rise of the insulin formation, however the medication list was not signed and dated. The signed page stated to "see attached" to the signed drage or the resident's medical information, however the medication list was not signed and dated. The signed page stated to "see attached" to the signed orders or 1/3/1/2 at 10/45 AM, the Registered Nurse confirmed that the medication list was not signed as part of the admission orders. R134* V. RESIDENT CARE AND HOME SERVICES S.7 Assessment 5.7 Assessment shall be completed for	Division of Licensing and Prostatement of Deficiencies	(X1) PROVIDER/SUPPLIER/CUA	(X2) MULTIPLE	F CONSTRUCTION	(X3) DATES	SUBVEY
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sion of Licensing and Protection	5.7.a An assessme	int shall be completed for				
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Division of Licensing and Protection (X1) PROVIDER/SUPPLIER/CUA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: -1012 01/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 465 QUARRY HILL ROAD THE RESIDENCE AT QUARRY HILL SOUTH BURLINGTON, VT 05403 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE DEFICIENCY R134 Continued From page 3 R134 Steps to prevent recurrence: 3-15-18 each resident within 14 days of admission, Quarry Hill policy and procedure by RCD consistent with the physician's diagnosis and regarding assessing the resident's orders, using an assessment instrument provided ability to self-manage medications will by the licensing agency. The resident's abilities be reviewed and revised to meet regarding medication management shall be requirements listed in 5.7a. All nurses assessed within 24 hours and nursing delegation will be re-educated in regards to implemented, if necessary. policy changes and requirements listed in 5.7a Medication assessments This REQUIREMENT is not met as evidenced will be tracked through the Yardi by: Dashboard. The dashboard will be Based on staff interview and record review, the monitored daily by the RCD or Registered Nurse (RN) failed to complete an designated nurse. admission assessment within 14 days of admission to the facility, and/or failed to assess the resident's abilities related to medication management within 24 hours if necessary, for 3 of 6 residents in the total sample. (Residents #2, 4 and 6). Findings include: 1. During interview (1/3/18 at 10:30 AM) regarding the regulatory requirements for assessments upon admission, the RN (registered nurse) RCD (Resident Care Director) confirmed that s/he had not assessed residents currently residing in the facility regarding their medication management abilities (if appropriate) within 24 hours of admission, as required. R134 # 2 a, b, and c Steps to prevent recurrence: Quarry Hill 2. Per record review, the following resident policy and procedures regarding new admission assessments were not completed resident admission assessments will 3-15-18 within 14 days of admission to the facility: be reviewed and revised to reflect By RCD requirements listed in 5.7 a to include a. Resident #6, admitted 10/27/16 and specific assessment time frame of admission assessment completed 12/9/16; within 14 days of admission. . All b. Resident #2 was admitted on 7/16/16, and nurses will be re-educated in regards to the policy change and requirements the initial admission assessment was dated as completed before the move-in date of admission listed in 5.7a by the RCD. Assessments will be tracked through on 6/28/16. There was no assessment the Yardi dash board. completed after admission within 14 days of the move-in date. C. Division of Licensing and Protection

Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: ----1012 B. WING ----01/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 465 QUARRY HILL ROAD THE RESIDENCE AT QUARRY HILL **SOUTH BURLINGTON, VT 05403** (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY**) DATE R134 Continued From page 4 R134 Resident #4 was admitted on 3/22/17, and the resident's assessment signed as completed before the move-in date on 3/16/17. There was no assessment completed after admission within 14 days of the move-in date. During interview (1/3/18 at 10:30 AM) the RCD also confirmed at this time that the resident assessments were sometimes completed before the actual move in (admit) date and not within 14 days of admission as required. R136 V. RESIDENT CARE AND HOME SERVICES R136 3-15-18 R136 Action taken to correct the by RCD deficiency: Annual reassessments for SS=F residents #2 and #3 will be updated. Steps to prevent recurrence: nurses 5.7. Assessment will be re-educated on requirement listed in 5.7c, to include annual re-5.7.c Each resident shall also be reassessed assessment and change of condition annually and at any point in which there is a policies. Assessments are tracked change in the resident's physical or mental through the Yardi dashboard. The RCD condition. or designated nurse will be responsible for checking this dashboard daily. Additionally the RCD or designated nurse will randomly audit a sample of charts at minimum twice yearly to This REQUIREMENT is not met as evidenced ensure policies are upheld by staff. by: The audit will include a review of Based on staff interview and record review, the completed assessments and service Registered Nurse (RN) failed to complete an plans. annual reassessment within a year of their last assessment, for 2 of 6 residents in the total sample. (Residents #2 and #3). Findings include: 1. Per record review, Resident #2 was admitted 7/16/16. The annual reassessment of this resident was signed as completed and dated 8/23/17. 2. Per record review, Resident #3 was admitted 10/31/16, and the admission assessment

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R136	Continued From p	age 5	R136		
	this resident.	not yet been completed for			
	Resident Care Dire annual reassessme	on 1/3/18 at 10:30 AM, the ctor confirmed that the above nts were not completed within me, within 365 days of the nt.			
	55.9(C)2 Oversee developme each resident that is as identified in the of care must describe.	ent of a written plan of care for s based on abilities and needs resident assessment. A plan of the care and services the resident to maintain well-being;		R145 Action taken to correct deficiency: Service Plans for residents #1,2,5, and 6 will be broup to date to reflect the residents current needs and to meet requirements listed in 5.9c (2). R145 #1 A B, C, and D — A reassessment will be completed for resident # 5 and the service plan with updated to reflect current level of contractions.	ught 3/15/18 By RCD or vill be
	by: Based on staff inter Registered Nurse (F plan to address the 4 of 6 residents in the plans also failed to specific interventions (Residents #1, 2, 5) 1.) The care plan fo	view and record review, the RN) failed to develop a care all of the identified needs for the total sample. The care include measurable goals and is to achieve those goals, and 6). Findings include:		needed to include specific interver for bowel and bladder incontinence nutritional needs, and non-pharmacological approaches for depression. Language that incorre states the resident receives antianxiety medication will be removed	ntions e, ctly
	ago, failed to addre- needs:	ity approximately 2 months ss the following resident ately reflect the resident's			
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R145	Continued From pa	ge 6	R145		•
R145	needs related to the participation/assista AOL (activities of da 1/2/18, the RN staff resident did not req for dressing and bat plan. b. Failed to state weight loss and/or review of recorded first recorded weight during a visit to the pounds. The next weight was 115.2 pof an immediate restructured the RN staff nurse discrepancy should re-weigh and poten for this resident due care plan also failed (per MAR) that the nutritional supplement occasional inconting interventions to help d. Failed to provide that the resident was medication and ther to treat anxiety per provided by the RC. 2.) The care plan for address the resident resident resident of the resident was medication and the resident wa	e level of staff ince required for completion of aily living). During interview on increase confirmed that this uire extensive physical assist ithing, as stated in the care the resident's potential for actual weight loss, based on a weights since admission. The it in the record was on 11/8/17 provider, and was 130 reight was dated 11/15/17 and bounds; a December, 2017 rounds. There was no evidence weigh after the weight of interview on 1/2/18 at 2 PM, acknowledged the weight have been verified by a tial weight loss was a concern to isolating behaviors. The did to include the intervention resident was offered a the, Resource, 2 x daily, as bowel and bladder ence; there were no specific to maintain continence; le any non-medication related fress the resident's symptoms in; the care plan also stated free was no medication ordered freview of the eMAR summary	R145	R145 #1b – A re-weight of resident has been obtained, the resident has ince gained weight and the physic is aware. Nurses will received reducation on the requirements list 5.7 9 (c). The community weight swill be updated with instructions to weight any resident with a weight lbs. or greater within 24 hours. The RCD or designated nurse will be responsible for monitoring the weighted sheets monthly, communicating with the resident's, Family or legal representative, physician and diet. The RCD or designated nurse will be responsible for ensuring dietang recommendations are followed the per physicians order. R145 #1 D- Nursing and Care swill be provided with re-education non-pharmacological intervention depression and anxiety through the community Brass Ring Wellness service. Brass Ring Wellness traits a nationally certified training through the National Institute of Dementia Education	ed in heets o re- lost 3 e ght iith ician. also y ough staff is for he in -
	pain assessment ar	nd management after ty/transfer needs post rehab			

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		1012	B MNG	1.14.146114 Stallan magazangga yang san magananggalahin sahiri sahiri sa 1.11.14.146114 Stallan magazangga yang san magananggalahin sahiri sahiri sahiri san maganangga yang san magananggalahin sahiri sahiri san maganangga yang san magananggalahin sahiri sahiri san maganangga yang san maganang san maganang san maganang san maganang san maganangg	01/03/2018
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R145	medication without incident report of 1 1/2/18, the RN conspouse had given the medication and it was not approved by the tothe resident and demential unit who unsecured medicat Refer also to R 150 3.) The care plan for address all aspects the Insulin regime was administration and care plan also did regarding the responsation of the consponsation of the responsation of the responsatio	ent use of over the counter RN/staff knowledge (per 2/22/17). During interview on firmed that the resident's the resident a bottle of as not reported to facility staff e provider, posing a safety risk any other residents on the might gain access to the ion. Or Resident #1 failed to of care for Diabetes such as which includes a sliding scale blood glucose checks. The not contain interventions onse to abnormal glucose a prescribed glucose tablet for ides. Per interview on 1/3/18 esident Care Director	R145	R 145 # 2 – Action taken to prevent deficiency: A reassessme for Resident # 6 will be completed to include a fall risk assessment. A change of condition assessment an service plan will be completed reflect the resident's current needs and will include specific interventions for fall reduction and pain management. Refer to tag 150 for unauthorized medication found. R 145 # 3 – Action taken to correduction and pain taken to correduction in R145 # 3. A hypoglycemia protocol will be obtained from the physician and will be noted on the medication administration record. Steps to prevent recurrence: The community insulin policy will be reviand revised to reflect requirements	d ct l l l l l l l l l l l l l l l l l l
1	care to address the 4.) The care plan for address the behavior The resident was do combative behavior provision of care. Provision of care. Provide care at the physically combative unpredictable. The reantipsychotic medic dosage which were plan of care. Per recare, there was not or any interventions	e was nothing in the plan of see concerns. In Resident:#2 failed to or concerns of the resident, ocumented as having very swith staff during the er interview with two of the safaniliar with the resident, y always use two people to resident was sometimes e with them, and somewhat esident was also prescribed action, including a PRN also not addressed in the view of the resident's plan of hing to address the behavior to assist in caring for the ew on 1/3/18 at 10:05 AM, the		in R145 # 3 and all nurses and med will be provided re-education in regarnew or revised policies. The RCD of designated nurse will be responsible monitoring through random audit to ensure staff are Quarry Hill policies procedures. R145 # 4 Action taken to correct deficiency: Resident # 2 will be reassessed and the service plan will updated to reflect the residents currenceds to include specific behavioral interventions and PRN medication updated.	and to be 3-15-18 By RCD

Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED BUILDING: -B.WING 1012 01/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 465 QUARRY HILL ROAD THE RESIDENCE AT QUARRY HILL SOUTH BURLINGTON, VT 05403 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY R145 Continued From page 8 R145 Steps to prevent recurrence: Resident Care Director confirmed that there was Nursing and care staff will be renothing in the plan of care to address these educated on the Quarry Hill PRN concerns. psychoactive medication policy and the requirements listed in 5.9c (2). And R150 V. RESIDENT CARE AND HOME SERVICES R150 receive in - servicing on non-SS=Dpharmacological behavior interventions through Quarry Hill Brass Ring Wellness 5.9. c(7) training and behavior intervention map 3-15-18 By RCD A behavior log for all residents with Assure that symptoms or signs of illness or PRN psychoactive medication orders accident are recorded at the time of occurrence. will be implemented to include behavior along with action taken; tracking and specific non pharmacological interventions tried prior to PRN medication administration. The This REQUIREMENT is not met as evidenced RCD or RD will be responsible for by: monitoring behavior tracking and Based on staff interview and record review, the interventions through random chart RN failed to assure that symptoms or signs of audits which will include review of illness or accident were recorded in the record, behavior logs and PRN medication along with actions taken at the time of occurrence usage. for 1 of 6 residents in the sample. (Resident #6) R150 Action taken to correct Findings include: deficiency: The bottle of medication has been removed and the RD and Per review of an incident report regarding an RCD have reviewed policies and unsafe resident situation that occurred during requirements listed in 5.9 c (7) with the December, 2017, staff failed to notify the family that provided the unauthorized Resident #6's physician when a bottle of medication was found in the resident's belongings Steps to prevent recurrence: Nursing and the resident stated that they had just taken 2 and care staff will be re-educated in 3-15-18 pills. The resident resided on the Reflections By RCD regards to requirements listed in 5.9.c. Memory Care unit and was not deemed safe to (7) as well as in serviced on Quarry Hill self-administer their own medications. Staff were policies and procedures to include unaware that the resident had obtained this incident reporting, physician and family medication from some outside source. Although notification, and safety programs. staff notified the family of the concern, they failed Quarry Hill has a detailed Safe Haven to notify the physician. The lack of physician program that ensures for the safety of notification was confirmed during interview with all residents residing on the Reflection the RN Resident Care Director on 1/3/18 at 5:10 memory care neighborhood. The safe PM. Haven program included procedures for locking personal items, and completing Refer also to R 145. environmental safety rounds. The RD

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R151	V. RESIDENT CARE	AND HOME SERVICES	R151		•	
SS=E)			will be responsible for retrain		1
				all staff on these procedures a	nd	
	5.9. c (8)			ensuring follow through.		
			}	Environmental rounds tracking	g	
	changes in a reside	ident's record documents any	1	sheets will be utilized and aud	ited	
	Changes in a reside	ent's condition,	ļ	by the RD. The RCD or desig	nated	
			1	nurse will be responsible for		
	This REQUIREMEN	IT is not met as evidenced		insuring incident reports are		
	by:			completed appropriately. The		
		view and record review, the				
		that staff documented all		will be monitored through the		
		n in the medical record for 1		Yardi dashboard daily by the	KCD	
	of 6 residents in the Findings Include:	total sample. (Resident # 5)		or designated nurse.		
				R 151 Action to correct deficient		
		v, during an office visit		Physician orders for resident #5 w		
	that stated;	, the provider wrote orders		reviewed with all med techs to incl		
		veekly at different times, notify		special instructions, parameters, a nurse reporting.	na	
	provider if blood pre	essure < 90/60." Per review of		noise reporting.		
'	the documented vita	al signs in the resident's		Steps to prevent recurrence: Th	e '	3-15-18
	record, on 12/17/17,	, the blood pressure was		RCD or designated nurse will be		By RCD
		54 and there was no written		responsible for reviewing all physic		
		dical record (MR) that the		orders with special instructions and	d	
		d. Per interview with the RN s/he confirmed that there was		parameters with med techs.		
		assessment in the record				
		ood pressure reading and that				
		t been notified, per order				
	instructions.	,,	-			
R153j SS=D1	v. RESIDENT CARE	EAND HOME SERVICES	R153			
	59. c (10)					
	\ - \ - \ / - /			R153: Action to correct deficien	CV.	3-15-18
	Monitor stability of e	ach resident's weight;		The scale used for monthly weight		By RCD
				be calibrated. The current weight s		-

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	Based on staff inter RN failed to assure stability of each res resident in the target Findings include: Per record review of admission on 10/31 showed evidence or loss and the nurse stability of the resident's first was on 11/8/17 duri was 130 pounds. The resident's first was on 11/8/17 and record December, 2017, with the weight of 1/2/18 at 2 PM, the the weight discrepant by a re-weigh and the concern for this resident belief available for resident the chair-type swould change with a resident beling weight.	NT is not met as evidenced by: rview and record review, the congoing monitoring of the sident's weight for 1 applicable eted sample. (Resident #5) of recorded weights since 1/17, Resident #5's weights f potential or actual weight failed to document action regoing monitoring of the lent's weight recorded weight in the record ing a visit to the provider, and he next weight was dated led as 112.2 pounds; a reight was 115.2 pounds. Ince of an immediate re-weigh 1/12.2 pounds. Per interview on RN staff nurse acknowledged hat potential weight loss was a rident due to isolating also stated that they have had hing accurate weights with the resident use. The nurse stated read was very sensitive and read any slight movements by the med. The nurse did not identify to assure that resident	R153	Steps to prevent recurrence: Nursing and care staff will be reeducated in the requirements liste 5.9c (10). The community weight sheets will be updated with instructions to re-weigh any reside with a weight lost 3 lbs. or greater within 24 hours. The RCD or designated nurse will be responsit for monitoring the weight sheets monthly, communicating with the resident's physician and dietician. RCD or designated nurse will also responsible for ensuring dietary recommendations are followed through per physicians order.	d in nt ble The	3-15-18 By RCD
SS=E	V. RESIDENT CAR 5.10 Medication	E AND HOME SERVICES Management	R160	R160 Action to correct deficience procedure will be put into place an completed to monitor residents #5 #6 for potential side effects of asychoactive medication	ď	3-15-18 By RCD

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R160	Continued From pa	age 11	R160			
	5.10 a Each resid	ential care home must have		Steps to prevent recurrence	:	
	written noticies and	procedures describing the		The current psychoactive medicati	ion	
		management practices. The		policy will be reviewed and revised		
		at least the following:		include all requirements listed in 5		
ı	,	J. Contract of the contract of		a 1-7. Revised policy and procedu		
	(1) Level III homes	must provide medication		will be reviewed with nursing staff.	The 3-15-	-18
		the supervision of a licensed		RCD or designated nurse will be responsible for monitoring and	By Ro	CD
	nurse. Level IV ho.	mes must determine whether		ensuring staff follow through. AIMS	<u> </u>	
]	the home is capable	e of and willing to provide		assessments for residents receiving		
		dications and/or administration		antipsychotic medications will be	.9	
	•	provided under these		monitored and tracked through the		
		nts must be fully informed of		Yardi dash board daily, Document		
ļ	the home's policy p			of assessment of potential side eff		
	(2) vvno provides t	he professional nursing		of other psychoactive medications		
i	residents unable to	me administers medications to self-administer and how the		be documented in a monthly resid	ent	
		on is to be carried out in the		progress note.		
	home.	on is to be carried out lit tile			1	
		f the staff who will be				
		ons or administering		1		
[medications and the	home's process for nursing				
	supervision of the s	taff.			1	
I		s shall be obtained for				
		choices of pharmacies.				
	(5) Procedures for	documentation of medication				
	ad-ministration.	efformation of analysis s				
	(o) Procedures for	disposing of outdated or including designation of a				
Ì		vith responsibility for disposal.				
		monitoring side effects of		÷		
	psychoactive medic					
	The DECUMENTS	T:				
ł	this REQUIREMEN	T is not met as evidenced				
		view and record review, the				
		elop a policy/procedure for				
	monitoring side effe					
1		ractice had the potential to				
		of the facility receiving				
		ations; 2 of 6 residents in the				
	nsing and Protection					

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R160	Continued From pa	ge 12	R160		
		eceiving psychoactive dents # 5 and #6). Findings	***************************************		
R165 SS=D	1/3/18, regarding pormonitoring side effer medications for resiclassification of medication of medication of medication of medication of medication of medication. They do Alla receiving an antipsy medication. However receiving antidepresic psychoactive medication of they had no policy/profer side effects for the medication of the medi	dents receiving this dication, the RCD confirmed are of any policy/procedure for any for evidence of side at testing for residents who characteristics and the series at the received that brocess for ongoing monitoring	R165	R165 # 1 — Action to correct deficiency: All staff that adminimedication to resident # 1 will be reducated on the residents service physician orders to include special instructions and parameters and neclated to the diabetes diagnosis. Steps to prevent recurrence: All	sters 3-15-18 By RCD splan , al needs
	administration, unlice medications under the separate of responsibility for the medications, and is in Teaching design for medication administration, relevant in side effects; ii. Establishing a permunication with resident's condition.	requires medication ensed staff may administer he following conditions:		techs and nursing staff will be pro- with re-education on medication documentation, including what is documented in the communication versus progress notes, eMAR documentation, and nurse notifica translating physician orders, and execution of parameters and what when to notify the nurse. The Med training will be reviewed and revisi- include insulin training, psychoacti- medication policy and nurse deleg All nurse will be in-service on Regulatory requirement for nurse delegation. The RCD, designated nurse, or pharmacy consultant will complete random chart audits for reviewing medication management practices at minimum twice yearly	n log ation, t and t tech ed to ive gation.
sion of Lic ATE FORM	ensing and Protection		L	- _'	ion sheet 13 of 2

	Of Licensing and Pro	(X1) PROVIDER/SUPPLIER/CUA	Lavaran	I CONSTRUCTION	(VS) DATE BUBLIEV
	OF CORRECTION	IDENTIFICATION NUMBER:	' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			" " " " " " " " " " " " " " " " " " "		
		1012	B.WING		01/03/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
THE RES	SIDENCE AT QUARRY	HILL 465 QUAR	RRY HILL R	DAD	
***************************************	MOEROE AT GOARRY	SOUTH B	URLINGTON	I, VT 05403	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	D BE COMPLETE
R165	Continued From pa as well as changes	in medications;	R165	All nurse will be in-service or Regulatory requirement for nu	
	need for any chang	resident's condition and the es in medications; and luating the designated staff		delegation. The RCD, designation nurse, or pharmacy consultant	ited By RCD
		ying out the nurse's		complete random chart audits reviewing medication manage	for
	This REQUIREMEN	NT is not met as evidenced		practices at minimum twice ye	
	Based on record red Registered Nurse fa unlicensed staff per medication administ	view and staff interview, the tiled to monitor the designated formance regarding ration for 1 of 6 residents # 1). Findings include:			
1	that include insulin- physician orders including acting Insulin dose,	v, Resident #1 has diagnoses dependent Diabetes. The slude a daily scheduled long as well as a sliding scale that is adjusted based on			
	blood glucose readi at mealtimes. The r glucose fingersticks	ngs by fingerstick, and given esident also has blood ordered to be done five times ealtimes, and at bedtime. Per			1
	review of the Medic (MAR) for the month were multiple missing	ation Administration Record n of December 2017, there ng staff initials to indicate the			
	ordered. On Decem spaces with no initial	been administered as ber 10th there were blank als for the signing of the breakfast and Lunch	o.		I
	breakfast dose was	plog. On 12/15/17, the not signed off.On 12/25/17, all ages were not signed as	6		
	multiple blank space	e dates listed, there were es on the MAR for the ation of the Novolog. There			
	was no staff initials of 17, 18, 21, 22, 25, as	on the MAR for Dec. 7 -15, nd 27th for the dinnertime lso a concern in this resident			
ionofLic	ensing and Prolection	So a concent in this resident			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	A BUILDING	CONSTRUCTION	(X3) DATE SURVE CDMPLETED
	1012	B.WING	the control of the co	01/03/201
NAME OF PROVIDER OR SUPPLIER	STREET AL	DORESS, CITY, ST	ATE, ZIP CODE	
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HE RESIDENCE AT QUARRY		BURLINGTON, 1	VT 05403	
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	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHDULD BE CON
R165 Continued From pa	age 14	R165	444111111111111111111111111111111111111	
6:30 AM fingerstick	_			
	/3/18 at 2:45 PM, the			
	confirmed that there were			
	s in the December MAR for the			
	e Novolog and that the nurse he missing documentation			1
The nurse also con	ifirmed that the night staff	1		
	ing the 6:30 AM glucose			
	documenting the readings in a			
	ains staff notes regarding			
	on the MAR as was the			
	way all other staff were			
	The Resident Care Director			1
	were not aware that the staff			
had not been prope	eny signing on the ee MAR, and that they had not	1		
	mance documenting			
	sulin for this resident.			
During the review of	of the notebook readings			
	confirmed a log entry that			
	hat the resident had a			
	of 60. Per review of the	.		
1 -	the resident was to receive a			
	 blood glucose reading was inistration of the glucose tablet 			
	inistration of the glucose tablet ed in either the notebook or the			
	confirmed that there was no			
1	er the staff person had			
recognized the nee	d to give the glucose tablet,	'		
	ent administration. They also			
did not alert the nu	rse regarding the low reading.			
	Director (RCD) confirmed			
that they were not a	ware that the staff had not ng off the administration in the			
	not alerted nursing to the low I			
reading, and did no	t document carrying out the	1		

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 465 QUARRY HILL ROAD SOUTH BURLINGTON, VT 05403 PROVIDER PLANOF CORRECTION REGULATORY DR LSC IDENTIFYING INFORMATION) R165 Continued From page 15 physician order for the glucose tablet. The RCD also confirmed that as the nurse responsible for delegating medication administration to unicensed staff, they had not addited staff performance documenting administration to insulin and related diabetes management closely enough to detect these discrepancies and missing documentation. R167 V. RESIDENT CARE AND HOME SERVICES SS=D R167 R167 Action to correct deficiency: Updated Physician orders for resident #2 will be obtained to include specific behavioral indications and time parameters for PRN Risperidone. A behavior log will also be put in place for this resident. Revised orders will be reviewed with all nurses and med tech, and education on potnial side effects will be given. The resident's service plan will be updated fire resident service plan will be updated fire resident indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication policy will be reviewed with Nurses and Mat Techs by the RCD or supplied for this recident in 5.10.d (5). The Quary Hill Psychoactive medication policy will be reviewed with Nurses and Mat Techs by the RCD or supplied for this recident for the creived with Nurses and Mat Techs by the RCD or supplied for this recident for the creived with Nurses and Mat Techs by the RCD or supplied for this recident for the creived with Nurses and Mat Techs by the RCD or supplied for this recident for the creived with Nurses and Mat Techs by the RCD or supplied for this recident for the creived with Nurses and Mat Techs by the RCD or supplied for this recident for the cr	CUDUC
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 455 QUARRY HILL ROAD SOUTH BURLINGTON, VT 05403 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) REGULATORY OR LSC IDENTIFYING INFORMATION) R165 Continued From page 15 physician order for the glucose tablet. The RCD also confirmed that as the nurse responsible for delegating medication administration to unicensed staff, they had not audited staff performance documenting administration of insulin and related diabetes management losely enough to detect these discrepancies and missing documentation. R167 V. RESIDENT CARE AND HOME SERVICES SS=D R167 R167 Action to correct deficiency: Updated Physician orders for resident #2 will be obtained to include specific behavioral indications and time parameters for PRN Risperidone. A behavior log will also be put in place for this resident. Revised orders will be reviewed with all nurses and med tech, and education on potnatial side effects will be given. The resident's service plan will be updated fir sersident. Steps to prevent recurrence: Quarry Hill Psychoactive medication use.	SURVEY LETED
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(5) Staff other than a nurse may administer. PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. and education on potential side effects will be given. The resident's service plan will be updated if needed to include non-pharmacological approaches for behavior. An AIMS assessment will be completed for this resident. Steps to prevent recurrence: Quarry Hill Psychoactive medication policy will be reviewed and revised if needed to include all requirements listed in 5.10.d (5). The Quarry Hill Psychoactive medication policy will be reviewed with Nurses and Med Techs by the RCD or	
psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. will be given. The resident's service plan will be updated if needed to include non-pharmacological approaches for behavior. An AIMS assessment will be completed for this resident. Steps to prevent recurrence: Quarry Hill Psychoactive medication policy will be reviewed and revised if needed to include all requirements listed in 5.10.d (5). The Quarry Hill Psychoactive medication policy will be reviewed with Nurses and Med Techs by the RCD or	
has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. will be updated if needed to include non-pharmacological approaches for behavior. An AIMS assessment will be completed for this resident. Steps to prevent recurrence: Quarry Hill Psychoactive medication policy will be reviewed and revised if needed to include all requirements listed in 5.10.d (5). The Quarry Hill Psychoactive medication policy will be reviewed with Nurses and Med Techs by the RCD or	
medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. pharmacological approaches for behavior. An AIMS assessment will be completed for this resident. Steps to prevent recurrence: Quarry Hill Psychoactive medication policy will be reviewed and revised if needed to include all requirements listed in 5.10.d (5). The Quarry Hill Psychoactive medication policy will be reviewed with Nurses and Med Techs by the RCD or	
address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. completed for this resident. Steps to prevent recurrence: Quarry Hill Psychoactive medication policy will be reviewed and revised if needed to include all requirements listed in 5.10.d (5). The Quarry Hill Psychoactive medication policy will be reviewed with Nurses and Med Techs by the RCD or	
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staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. Hill Psychoactive medication policy will be reviewed and revised if needed to include all requirements listed in 5.10.d (5). The Quarry Hill Psychoactive medication policy will be reviewed with Nurses and Med Techs by the RCD or	
be reviewed and revised if needed to include all requirements listed in 5.10.d (5). The Quarry Hill Psychoactive medication use. be reviewed and revised if needed to include all requirements listed in 5.10.d (5). The Quarry Hill Psychoactive medication policy will be reviewed with Nurses and Med Techs by the RCD or	
the time of, reason for and specific results of the medication use. (5). The Quarry Hill Psychoactive medication policy will be reviewed with Nurses and Med Techs by the RCD or	3-15-18
medication use. (5): The Quarry Hill Psychoactive medication policy will be reviewed with Nurses and Med Techs by the RCD or	By RC
Nurses and Med Techs by the RCD or	
RD. The RCD or RD will be responsible	
This REQUIREMENT is not met as evidenced for monitoring to ensure staff is unholding	
policies through the Yardi PRN	
Based on staff interview and record review, the Registered Nurse failed to ensure that residents	
receiving 'as needed' (PRN) psychoactive	
medications had a written plan for delegated	
unlicensed staff to appropriately administer them	
for 1 of 6 residents reviewed (Resident #2).	
ion of Licensing and Protection	

	of Licensing and Pro	otection			
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CUA	(X2) MULTIPI.	E CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A, BUILE	DING:	COMPLETED
		1012	B WING		01/03/2018
		1012	<u> </u>	***************************************	01/03/2016
NAME OF P	ROVIDER OR SUPPLIER	\$TREET ADI	ORESS, CITY, S	STATE, ZIP CODE	
TUE DEC	UDENIOE AT 0114001	465 QUAF	RRY HILL RO	AD	!
I THE KES	IDENCE AT QUARRY	SOUTH B	URLINGTON	. VT 05403	
(X4) (O	SHMMARY STA	TEMENT OF DEFICIENCIES	<u></u>	PROVIDER'S PLAN OF CORRECTION	ON (XS)
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				DEFICIENCY)	
R167	Continued From pa	oge 16	R167		
101	Continued Cross pe	90 10	107		1
	Findings include:				
	Per record review,	Resident #2 has diagnoses			
		tia and sometimes exhibits	0		Ì
		r toward staff. Medication			
1		speridone, both a scheduled			
1		and a PRN dose which reads			'
		ng., take one tab by mouth			
		ed." Per interview on 1/3/18 at			
[stered Nurse confirmed that	i		
ĺ		plan in place for staff that			
		c targeted behaviors,			
		indicate the use of the			
	,	es staff about the desired			1
ļ		ed side effects that staff must			
		cuments the tine of, reason for			
l l		of the medication use. There			
		parameters set for staff to			
1		gether the scheduled and PRN			
		nistered. The nurse also			
		ne that there is no written	İ		
		ny other residents receiving	İ		
		medications in the facility that			
	meets the regulator	y requirement.			
R168 SS≃E	v. RESIDENT CARI	E AND HOME SERVICES	R168	R168 Action to correct defic	iency:
J3~E				All Med tech insulin training will be	•
1				brought up to date and documente	
· '	5.10 Medication M	anagement		include using a pen, accuracy of	-
				determining sliding scale, and retu	rn
		requires medication		demonstration.	
		ensed staff may administer		Steps to prevent recurrence: The	
	medications under	the following conditions:		Quarry Hill insulin policy will be re-	
	(C) leaville Ct=ff =	the ather a second		and revised to reflect requirements	
		ther than a nurse may		in 5.10.d. The policy revision will b	
	auminister insulin if	ijections only when:		reviewed with nurse and med tech	
	i The distant and	double equalities ===		by the RCD. The Quarry Hill Med	
	i. The diabetic resident			trainina is beino revised to include	insulin
	medication regimen	is considered stable by the			
			1	L	

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FORM APPROVED Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED BUILDING:-B. WING_ 1012 01/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 465 QUARRY HILL ROAD THE RESIDENCE AT QUARRY HILL SOUTH BURLINGTON, VT 05403 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) R168 Continued From page 17 R168 registered nurse who is responsible for delegating the administration; and ii. The designated staff to administer insulin to the resident have received additional training in the administration of insulin, including return demonstration, and the registered nurse has deemed them competent and documented that assessment: and iii. The registered nurse monitors the resident's condition regularly and is available when changes in condition or medication might occur. This REQUIREMENT is not met as evidenced bv: Based on staff interview and record review, the Registered Nurse failed to document that delegated unlicensed staff received additional training regarding insulin administration for 1 applicable resident. (Resident #1). Findings include: Per review of staff training for the delegation of administration of medications by unlicensed staff. 1 there was no evidence that the delegating RN documented all aspects of training regarding the administration of insulin for Resident #1. The training documentation did not show training for use of the Insulin pens, accuracy of determining a demonstration of insulin administration. Per I sliding scale dosage, or evidence of return interview on 1/3/18 at 4:55 -PM, the Resident Care: Director, who

is the delegating RN, confirmed that not all of the training completed with the staff regarding the administration of insulin to Resident #1 had been documented as part of the delegation process.

Division of Licens1no and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED BUILDING ----B. WING 1012 01/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 465 QUARRY HILL ROAD THE RESIDENCE AT QUARRY HILL SOUTH BURLINGTON, VT 05403 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC (DENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) R171 i Continued From page 18 R171 R171 Action to correct deficiency: 3-15-18 The insulin, blood glucose monitoring, R171: V. RESIDENT CARE AND HOME SERVICES By RCD SS=D parameters and nurse reporting will be reviewed with the med techs for resident 5.10 Medication Management Steps to prevent recurrence: Quarry 5.10.g Homes must establish procedures for Hill insulin policy, nurse delegation documentation sufficient to indicate to the policy, and med tech training will be physician, registered nurse, certified manager or reviewed, revised, and enhanced to representatives of the licensing agency that the reflect best practices, documentation, medication regimen as ordered is appropriate and execution of physician orders, as and effective. At a minimum, this shall include: well as the requirements listed in 5.10.g, Nurses and Med Techs will be re-(1) Documentation that medications were educated on all policy and training administered as ordered; revisions. All physician orders are now in (2) All instances of refusal of medications, the electronic medical record. The RCD including the reason why and the actions taken by or designated nurse will be responsible the home: to check the eMar at the end of the shift (3) All PRN medications administered, including to ensure orders were not missed. the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the Registered Nurse failed to ensure that documentation was completed to indicate that ordered medications were administered appropriately for 1 of 6 residents reviewed (Resident #1). Findings include: 1. Per record review, Resident #1 has diagnoses that include insulin-dependent Diabetes. The

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Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING -8 WING 1012 01/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 465 QUARRY HILL ROAD THE RESIDENCE AT QUARRY HILL SOUTH BURLINGTON, VT 05403 SUMMARY STATEMENT OF DEFICIENCIES PRDVIDER'S PLANDF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULAIORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACI-1 CORRECTIVE ACTION SHOULD BE PREFIX TAG DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) R171 Continued From page 19 R171 physician orders include a daily scheduled long acting Insulin dose, as well as a sliding scale Novolog Insulin regime that is adjusted based on blood glucose readings by fingerstick, and given at mealtimes. The resident also has blood glucose fingersticks ordered to be done five _times daily at 6:30 AM, mealtimes, and at bedtime. Per review of the Medication Administration Record (MAR) for the month of December 2017, there were multiple missing staff initials to indicate the Novolog Insulin had been administered as ordered. On December 10th there were blank spaces with no initials for the signing of administration of the breakfast and lunch dosages of the Novolog, On 12/15/17, the breakfast dose was not signed off. On 12/25/17, all three mealtime dosages were not signed as given. Besides these dates tisted, there were multiple blank spaces on the MAR for the dinnertime administration of the Novolog. There was no staff initials on the MAR for Dec. 7 -15. 17, 18, 21, 22, 25, and 27th for the dinnertime dose of Novolog. Also a concern in this resident record was the missing signage in the MAR of the 6:30 AM fingerstick readings. Per interview on 1/3/18 at 2:45 PM, the Registered Nurse confirmed that there were missing staff initials in the December MAR for the administration of the Novolog and that the nurse was not aware of the missing documentation. The nurse also confirmed that the night staff responsible for taking the 6:30 AM glucose reading had been documenting the readings in a notebook that contains staff notes regarding residents, and not on the MAR as was the expectation and the way all other staff were documenting this. The Resident Care Director confirmed that they were not aware that the staff had not been properly signing off the administration in the MAR, and that they had not audited staff performance

Division of Licens1ng and Protection (X1) PROVIDER/SUPPLIER/CUA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED BUILDING ---B.WING 1012 01/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 465 QUARRY HILL ROAD THE RESIDENCE AT QUARRY HILL SOUTH BURLINGTON, VT 05403 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 20 R171 R171 documenting administration of Insulin for this resident. During the review of the notebook readings recorded, the nurse confirmed a log entry that morning on 1/3/18 that the resident had a fingerstick reading of 60. Per review of the physician's orders, the resident was to receive a glucose tablet if the blood glucose reading was under 80. The administration of the glucose tablet was not documented in either the notebook or the MAR, and the RN confirmed that there was no way to know whether the staff person had recognized the need to give the glucose tablet, and did not document administration. They also did not alert the nurse regarding the low reading. The Resident Care Director (RCD) confirmed that they were not aware that the staff had not been properly signing off the administration in the MAR, that they had not alerted nursing to the low reading, and did not document carrying out the physician order for the glucose tablet. The RCD also confirmed that as the nurse responsible for delegating medication administration to unlicensed staff, they had not audited staff performance documenting administration of Insulin and related diabetes management closely enough to detect these discrepancies and missing documentation. R175 V. RESIDENT CARE AND HOME SERVICES R175 Action to correct deficiency: All R175 \$S=E 3-15-18 residents that currently self-administer By RCD medications will be provided with a locked space for medications. The policy 5.10 Medication Management for locking medication in the apartment will be reviewed with the residents. 5.10.h (3) Residents who are capable of self-administration may choose to store their own medications provided that the home is able to provide the resident with a secure storage space to prevent

Division of Licensing and Pro	otection			FORWAFFROVED
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THE RESIDENCE AT QUARRY	HILL			
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R175 Continued From pa	age 21	R175		
		1 11110		
unauthorized acces	***			0, 101 0 000
	ner or not the home is able to			by KCD
	cured space must be explained or before admission.			الم س
to the resident on t	n belore admission.			
This REQUIREMEN	NT is not met as evidenced			,our c
by:	The flot mot do ovidended			rsible
Based on staff inte	rview and record review, the			
facility failed to esta	ablish a process/system to			hat
1 .	ts who are capable of		self-medicate.	
i l	and wish to store their own	1		
	vided with a secure storage	ļ		
	nauthorized access to the ons.Findings include:			
resident's medication	ons. I maings include.			
During interview wit	th the RCD on 1/3/18 at 10:45			
AM, regarding how	the facility assures that	-		
	been assessed as safe and			
l '	ninistering their own			
	sh to store them in their rooms			
l ·	ure space to store the			
	esidents must be willing to			
	t the entrance door is locked			ŀ
	s not their room to assure that			
	s does not occur. The RCD			
	that the facility had not	1		
	cess nor policy to assure	1		
1	in resident rooms were locked			
ļ.	ure a safe environment in all			
areas of the home.				
Bigo V DECIDENT CAD	E AND LIGHT REPUISES			
SS=C	E AND HOME SERVICES	R189		
- 50 0				
5.12.b. (3)				
0.12.0.				
For residents requi	ring nursing care, including	•		
	r medication management, the			

	TATEMENUT OF DEFICIENCIES NO PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA			
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	annual reassessment assessment; physic and current orders; changes in the resitaken; and reports at telephone orders and resident plan of this REQUIREMENT by: Based on staff interfacility failed to assit documentation for recare, was document of 6 residents in the and 6). Findings income to the facility on 10/2 the day of survey, 1 progress note dated stated that" UA (a mental status changed from PCP There were no follow document the resident's stability of medication changes and RCD during the 2. Per staff interview November 8, 2017, 11/9/17 after diagno	contain: initial assessment; cent; significant change cant; sadmission statement staff progress notes including dent's condition and action of physician visits, signed and treatment documentation; of care. IT is not met as evidenced review and record review, the cure that required residents requiring nursing ted in the medical record for 4 considers and sample. (Residents # 2, 3, 5 clude: w, Resident #5 was admitted 31/17 and from admission to ///18, there was only 1 I 11/20/17. The progress note curinalysis) ordered due to ges" There was no e record regarding the 'mental cared to in the note of also stated that 'atenolol dose (primary care provider). w up progress notes to cent's medical response to the the change was made. The tes in the record regarding the foondition and response to was confirmed with the RN	R189	R189 # 1-4 Action to correct deficiency: A progress note will entered into the records of residen 2,3,5, and 6 to reflect recent chang current health status, and current licare. Steps to prevent recurrence: Nurstaff will be provided in-servicing or requirements listed in 5.12.b. A progress note will be entered at mind time monthly for all residents. Pronotes are entered into the Yardi computer system. The RCD or designated nurse will be responsible monitoring this monthly through the progress notes reporting system. Change of condition assessment and documentation policy will be review with all nurses.	be 3-15-18 By RCD 1 # ges, evel of rsing n the nimum ogress le for e Yardi The

Division of Licensing an				I ORM AFFROV
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		, , , , ,		CIENCY)
R189 Continued Fro	m page 23	R189		
	. 3			
SNF (skilled n	ursing facility) for rehabilita	ation		
services on 11	/13/17.The resident was	į		
discharged fro	m the SNF and returned to	the :		
facility during	December, 2017.There wei	re no		
	s in the record regarding th			
the resident re	turned to the facility post			
rehabilitation.	During interview on 1/2/18	at 4:40		ŀ
	PM, the RN confirmed that the resident had			1
returned to the	facility from the SNF stay	on	7	l
	e was no progress note th			
record the retu	irn to the facility, confirmation	on o f		İ
orders with the	orders with the provider upon return and no			
	assessment of the resident's condition at the time		ļ	i
of the return.	of the return. The first note after the re-admission			
to the facility w	as dated 12/31/17, 18 day	/s after		į.
returning to the				1
The failure to	document the resident's co	ondition,		
changes and f	ollow up information in the	progress		
	firmed with the RN and the			
during the afte	rnoon of 1/3/18.			'
2 Decident#1	Turop odmittod in July +6.00	1490		
	2 was admitted in July of 20			
	include dementia and be			
	he resident has declined of			
	y to be on Hospice and wa			
	ese services on 12/11/17. Tress notes for this resident			
, ,	to document the status of the			
	o document the status of t RN and RCD confirmed that			
1		i i		
for this residen	recent progress notes in the	ile lecola		
ioi niia realucii				
4. Per record r	review, Resident #3 had m	ultiple		
	ne. On 11/15/17, Resident			
	g room that was documen			
	There were no follow up			
	s regarding the fall and mo			
	potential injury or assessm			
	ces at the time of the-fall.			
	log also showed that Resi	•		
ion of Licensing and Protect	-			
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Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A.BUIL.DING:-B. WING ___ . __ 1012 01/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 465 QUARRY HILL ROAD THE RESIDENCE AT QUARRY HILL SOUTH BURLINGTON, VT 05403 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 1D (EACH OFFICENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CRDSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY R189 Continued From page 24 R189 had a fall in the hallway, again without apparent injury. There were no nurse progress notes to document any follow up or even to indicate that the resident had fallen. There were no nurse progress notes in the medical record since 9/15/17. The RN and RDC confirmed that there were no more recent progress notes for this resident despite the two falls in November and December. R232 VII. NUTRITION AND FOOD SERVICES R232 R232 Steps to prevent recurrence: SS=C 3-15-18 Dining and care staff will be in-serviced By Dining on the requirements listed in 7.1.a. as Services 7.1. a. (1) Menus for regular and therapeutic diets well as Quarry Hill policies and Director shall be planned and written at least one (1) week procedures. All menus are planned and in advance. written at minimum 1 week in advance. The Reflections neighborhood utilizes a 2 plate method for serving. Residents that This REQUIREMENT is not met as evidenced are cognitively impaired are visually presented with two plated meals to Based on observation, staff interview and record choose from. A full menu of alternate review, the facility failed to assure that menus for options is available above and beyond regular and therapeutic diets for the Reflections the 2 meal choices. If a resident is Memory Care Unit were planned and written at unable to choose due to cognitive least 1 week in advance. This practice had the impairment menus will be available in potential to impact residents of the memory care advance to the resident and responsible unit who may be unable to state or indicate their party to assist in preplanning meals. The preference/choice of meal choice on any given dining services director will be responsible for above responsibilities and day. Findings include: ensuring follow through of staff to uphold Per interview with the chef on duty on 1/2/18, the policies. residents of the facility may pick their meals (breakfast, lunch and dinner) from a menu of several different items offered on a daily basis. The chef stated that the rotation of the menu items offered is about every 6 months. During interview with the Reflections Unit Director on 1/2/18 regarding how they assure meals for residents who may not be cognitively able to

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R232	Continued From pa	ge 25	R232		· · · · · · · · · · · · · · · · · · ·	
indicate or voice their choice of meal, the Director stated that 'we make the choice for them if they are not able, since we know them. Resident meals must be planned in advance for residents not able to utilize the system of selecting from the menu a choice for themselves for each meal. (This does not affect the right of every resident to have alternate choices that are nutritionally equivalent if they do not like the meal offered on the written menu.) R247 VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2. b All perishable food and drink shall be labeled, dated and held at proper temperatures:		R247	R247 Action to correct deficiency: The Dining Services Director will complete an audit of current food storage and ensure all is dated and labeled appropriately. Steps to prevent recurrence: The		3-15-18 By Dining Services Director	
	(1) At or below 40 of above 140 degrees heated prior to service the service to service the service that the service that were labeled and daper facility failed to associate the services. This practices. This practices. This practices include: Per observation of the service that were not labeled to service that the service that	degrees Fahrenheit. (2) At or Fahrenheit when served or ice. T is not met as evidenced on and record review, the ore that all perishable foods ated and disposed of timely parding safe food handling ice had the potential to affect		Dining services Director will be responsible for in-servicing dining on Quarry Hill policies regarding f storage. The Dining Services Dire be responsible for ensuring follow through, with random inspections storage performed at minimum tw monthly.	ond ctor will of food	

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IOENTIFICATION NUMBER		ECONSTRUCTIONDING: —	(X3) DATE SURVEY COMPLETED
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R247	Continued From pa	ge 26	R247		
R253	12/29/17 on 1/2/18, cooked spaghetti. V the facility's policy v foods before dispos days, but they were cooler on the cook's was dated 12/25/17 identified by the che container that had a had no label and no Per review of the w dating and labeling director) on 1/3/18, the dated food by the	ices: foods that were dated included mashed squash and When the chef was asked what was for keeping prepared freshing of them, they stated 4 or 5 not certain. The reach in a line had a food container that it, not labeled, and was if as caramelized pears) and a brown sauce/gravy with that date. The policy regarding food with the ED (executive the policy stated to dispose of the end of the third day. D FOOD SERVICES	R253		
\$S=F	7.3 Food Storage a 7.3 c All food serviclean and maintaine manufacturer's guide This REQUIREMEN by: Based on observation facility failed to assure food service equipment of the polydine at the facility. For observation dur 1/2/18 at 9:45 AM au following areas were visible soiling: the marea (for storage of	ce equipment shall be kept ed according to elines It is not met as evidenced ons and staff interview, the lire that all kitchen areas and lent was kept clean. This ential to affect residents who	R253	R253 Action to correct deficiency: The kitchen will be thoroughly cleaned to include dry s storage, lower shelf of the prep tab back panel of stove, and all appliances. Steps to prevent recurrence: All above areas will be added to the posted cleaning list. The dining services director will be responsible in service staff on Quarry Hill polici and procedures, and the revised cleaning schedule, and to monitor ensure staff is adhering to the cleat schedule. The Dining service director designated staff will be responsifor doing weekly inspections of the kitchen and cleaning schedule.	e to es and ning tor ble

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R253	Continued Fro	m page 27	R253		
		e area where dry spice			
		pred had a layer of dust and			
		shelf of a prep table on the			
	cook's line was hea	wily soiled with a buildup of			
1	grease, soiled grea	sy paper, and food crumbs.			
1		ck panel of the stove back, the			
	grill, the fryolator ar	nd the toaster all had a build-up			
1		s areas of the equipment;	ŀ		
Ì		reas were not included on the			
	posted cleaning sci	hedule. The tours on 1/2/18 nducted with the 2 chefs			1
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